



# Women's Health Check

## A breast and cervical cancer screening program

WOMEN'S HEALTH CHECK REIMBURSEMENT RATES 2012				REVISED: 1/27/2012	
PRIMARY CPT	ALLOWABLE CPT*	PROCEDURE	GLOBAL RATE	TECHNICAL COMPONENT	PROFESSIONAL COMPONENT
10021		FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	\$133.25		
10022		FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	\$125.52		
19000		PUNCTURE ASPIRATION OF CYST OF BREAST;	\$100.23		
19001		PUNCTURE ASPIRATION CYST BREAST; EA ADD CYST	\$24.45		
19100		BX BREAST; PERQ NDLE CORE W/O IMAG GUID-SEP PROC	\$134.38		
19101		BIOPSY OF BREAST; OPEN INCISIONAL	\$306.88		
19102		BX BREAST; PERCUT NEEDLE CORE USING IMAGING GUID	\$194.61		
19103		BX BREAST; PERC-VACUUM/ROTATING DEV W/IMAG GUID	\$498.78		
19120		EXC BREAST CYST TUMR/LES OPEN	\$441.38		
19125		EXC BRST CYST/LES ID PRE-OP RAD MARKR OPN; 1 LES	\$489.64		
19126		EXC BRST CYST/LES OPN; EA ADD LES ID RAD MARKR	\$147.35		
19290		PREOPERATIVE PLACEMENT NEEDLE LOC WIRE BREAST;	\$146.11		
19291		PREOP PLCMT NDLE LOC WIRE BREAST; EA ADD LESION	\$62.33		
19295		IMAG GUID PLCMT METAL CLIP PERQ DURING BREAST BX	\$81.45		
57452		COLPOSCOPY CERVIX INCLUDING UPPER/ADJ VAGINA;	\$101.32		
57454		COLPSCPYP CERV UP/ADJ VAG; BX CERV&ENDOCERV CURET	\$143.71		
57455		COLPOSCOPY CERV INCL UP/ADJ VAGINA; W/BX CERVIX	\$133.54		
57456		COLPSCPYP CERV INCL UP/ADJ VAG; W/ENDOCERV CURET	\$126.24		
57460	pre-auth req	ENDOSCOPY W LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	\$266.54		
57461	pre-auth req	ENDOSCOPY W LOOP ELECTRODE CONIZATION OF THE CERVIX	\$300.79		
57500		BIOPSY, SINGLE OR MULTI, OR LOCAL EXCISION OF LESION	\$119.50		
57505		ENDOCERVICAL CURETTAGE (Not done as part of D&C)	\$94.82		
57520	pre-auth req	CONIZATION OF CERVIX W/WO FULGURATION OR DILATION	\$285.61		
57522	pre-auth req	LOOP ELECTRODE EXCISION PROCEDURE	\$246.18		
58100		ENDOMETRIAL SAMPLING W/WO ENDOCERVIAL SAMPLING	\$102.45		
58110		ENDOMETRIAL SAMPLING BIOPSY W COLPOSCOPY	\$45.10		
76098		RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	\$17.12	\$9.64	\$7.48
76645		US BREAST B-SCAN &OR REAL TIME W/IMAGE DOC	\$90.31	\$65.02	\$25.29
76942		US GUID NDLE PLCMT IMAGING SUPERVIS&INTEPR	\$186.63	\$155.09	\$31.54
77031		STEREOTACT GUID BRST BX/NEEDLE PLCMT-EA LES-RS&I	\$134.99	\$60.15	\$74.84
77032		MAMMO GUID NDLE PLCMT BREAST EA LESION RAD S&I	\$50.01	\$23.94	\$26.07
77055		DIAGNOSTIC MAMMOGRAPHY; UNILATERAL	\$80.54	\$47.68	\$32.86
**G0206		DIAGNOSTIC MAMMOGRAPHY; UNILATERAL - DIGITAL	\$121.31	\$88.15	\$33.17
77056		DIAGNOSTIC MAMMOGRAPHY; BILATERAL	\$102.96	\$62.28	\$40.68
**G0204		DIAGNOSTIC MAMMOGRAPHY; BILATERAL - DIGITAL	\$153.48	\$112.19	\$41.29
77057		SCREENING MAMMOGRAPHY BILATERAL	\$74.76	\$41.89	\$32.86
**G0202		SCREENING MAMMOGRAPHY BILATERAL - DIGITAL	\$127.10	\$93.93	\$33.17
87621		INF AGT-DNA/RNA; PAPILLOMAVIRUS HUMAN-AMP	\$49.71		
88141		CYTOPATH CERV/VAGINAL; RQR INTEPR PHYSICIAN	\$27.39		
88142	88143,88174, 88175*	CYTOPATH THIN PREP CERV/VAG; MNL SCR UND PHYS SUPV BI ANNUAL SCREENING ON NORMAL RESULTS	\$28.70		
88164	88147,88148, 88150,88165*	CYTOPATH SLIDES CERV/VAG; MNL SCR UND PHYS SUPV	\$14.97		
88172		CYTOPATH FNA EVAL; IMMED CYTOHISTOLIC STUDY	\$49.96	\$16.94	\$32.52
88173		CYTOPATH EVALUATION FINE NDLE ASPIR; INTEPR&RPT	\$128.67	\$63.50	\$65.17
88305		LEVEL IV - SURGICAL PATHOLOGY GROSS & MICRO EXAM	\$97.14	\$62.28	\$34.86
88307		LEVEL V- SURG PATH GROSS/MICRO EXAM	\$214.90	\$138.96	\$75.94
88331		PATH CNSLT DUR SURG; 1ST TISS BLK W/FZ-SNGL SPEC	\$86.86	\$30.03	\$56.84
88332		PATH CNSLT DUR SURG; EA ADD TISS BLK W/FRZN SECT	\$38.45	\$10.25	\$28.20
99201		OFC/OUTPT VISIT E&M NEW SELF LIMIT/MINOR 10 MIN	\$39.37		
99202		OFC/OUTPT VISIT E&M NEW LOW-MOD SEVERITY 20 MIN	\$67.48		
99203	99204,99205, 99385,99386, 99387*	OFC/OUTPT VISIT E&M NEW MODERATE SEVERITY 30 MIN			
		*Reimbursable for Medicare-Part B unenrolled women only.	\$97.76		
99211		OFC/OUTPT VISIT E&M ESTAB NO PHYS PRES 5 MIN	\$18.20		
99212		OFC/OUTPT VISIT E&M EST SELF-LIMIT/MINOR 10 MIN	\$39.37		
99213	99214,99215, 99395,99396, 99397*	OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN			
		*Reimbursable for Medicare-Part B unenrolled women only.	\$65.80		
00400	00940*	ANESTHESIA FOR BREAST BIOPSY, CONE, LEEP	\$80.36	+\$20.09 for each 15 minutes (up to \$200.90)	
99070		Supplies over and above those usually included with the office visit or other services rendered (trays, supplies or materials provided)	Not to exceed \$100.00		

**Highlighted procedures require pre-authorization from the WHC state office: contact (208) 334-5971**

\*Allowable CPT codes are procedures that can be paid by UGP, but they are at the primary CPT rate.

\*\* CAD is not reimbursed and should not be billed to patient as part of the mammogram.

#### PLEASE NOTE:

The Provider shall provide listed services for WHC enrolled clients at no charge to the client. The Provider may not bill the client for any portion of covered services. The Provider must make other arrangements with the client for payment of any services not covered by WHC. The provider shall refer smokers to Quitline/Quitnet.